persistent pneumonia. The parasites are also found in the United States, especially the southeast.[3] It would not be unreasonable to examine a stool specimen of any difficult to manage asthmatic patient, especially if there is any indication of chronic changes on x-ray studies.

Unfortunately, since larvae may be present in the lungs with no worms in the intestine, both diagnosis and treatment may require close follow-up checks. Mebendazole (Vermox), which is the best initial drug for helminths,[3,4] is poorly absorbed systemically.[5] Hence, one must treat the patient symptomatically and then in approximately two months, when larvae have left the lungs, retreatment with mebendazole should eliminate the worms unless reinfection occurs. Then the patient should be symptom free and use of other medicines such as bronchodilators can be withdrawn.

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Hospice Care

TO THE EDITOR: "Commentary From Coeur d'Alene: Care for Terminally Ill Patients" by E. R. W. Fox, MD,[1] reflects the growing awareness among physicians of the benefits of hospice care and the entire hospice movement.[2] The unique concerns of the hospice movement are the management of terminally ill patients in such a way that they live until they die, that the family lives with them as they are dying and that the family members go on living after their loved one dies. The most significant feature and concerns of hospice care include not only expert symptom management and pain control, but attention to psychological, sociological, spiritual and financial concerns. No professional group possesses all of the knowledge required to deliver hospice care; these comprehensive care measures can only be delivered by a truly multidisciplinary team.

The National Hospice Organization (NHO), with cooperation from national health care organizations and leaders in the field of hospice care, has been working diligently to answer the questions related to quality of care, facilities and personnel that Dr Fox mentions in the latter part of his commentary. The standard documents that currently guide hospice care can be obtained by writing to the NHO.

Dr Fox states that "the medical profession has joined in giving tacit support to the hospice movement." We need to give more than tacit support. We must take a very active role and provide leadership for the hospice movement in this country. In 1980 the Association of Hospice Physicians (1211 A. Dolly Madison Boulevard, McLean, VA 22101) was formed. I strongly encourage all physicians who want to learn more about the hospice movement and its principles of hospice care to join that organization.

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Preoperative Medical Evaluation

TO THE EDITOR: I enjoyed the article by Drs Elliot, Linz and Kane in the October issue.[1] It was succinct, brief and uncomplicated by excessively technical considerations.

One sentence caught my eye: "In this paper, we review the recent literature and provide an approach to perioperative medical management based on our experience with a general medicine consultation service at a university hospital." Does the sentence imply that patients going to surgery routinely receive a general medicine consultation? It behooves all physicians to sharpen their skills with regard to proper history-taking and performance of physical examinations, especially before any high-risk procedure, be it an operation, endoscopy or other relatively invasive procedure. All physicians, including ophthalmologists, orthopedists and psychiatrists, should have at least the basic knowledge contained in the article published by Drs Elliot, Linz and Kane and be able to apply it. Is it really necessary to "farm out" preoperative evaluation to another physician when the considerations outlined in the article should be clear to all MD's?

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